

[Home](#)
[New BEAR Form](#)
[Track Form](#)
[Bulk Download](#)
[Terms and Conditions](#)
[Deadline Extension](#)
[Logout](#)

View BEAR Invoice

 **PRINTABLE PAGE**

The following has been successfully certified:

Certified on 3/21/2019 9:43 AM

Invoice ID: 2921291

Created on 3/21/2019 9:43 AM

Last updated on 3/21/2019 9:43 AM

Applicant Form Identifier Form 472 Inet #2 2018

Block 1: Header Information

[Need Help?](#)

1. Billed Entity Name
DICKENSON COUNTY
SCHOOL DIST

2. Billed Entity Number
126596

**3. Service Provider
Identification Number (SPIN)**
143019971

Applicant FCC Form 498 ID
443006488

4. Contact Name Ferrell Deel
5. Contact Telephone Phone (276) 835-1633
Contact Fax (276) 926-6374
Contact Email fdeel@dcps.k12.va.us

6. Total Reimbursement Amount
(total from Block 2, Column 14)
\$ 84480

Block 2: Line Item Information Per Funding Request Number

[Need Help?](#)

7. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
1) 171003107	1799005818	MONTHLY	7/2/2018		\$ 105600.00	80	\$ 84480.00	CERTIFIED

Block 3: Billed Entity Certification

[Need Help?](#)

Contact Information for Billed Entity Authorized Person:

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form.

To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

Submission Date 3/21/2019

17. Name	FERRELL DEEL	19. Phone Number	(276) 835-1633
18. Title/Position	TECHNOLOGY COORDINATOR	19a. Fax Number	(276) 926-6374
20. Address 1	VOLUNTEER STEET P.O. BOX 1127	19b. Email	FDEEL@DICKENSON.K12.VA.US
Address 2		19c. Name of Authorized Person's Employer	Dickenson County Public Schools
City	CLINTWOOD		
State	VA		
Zip Code	24228 -		

OMB Number 3060 - 0856 Form 472

[SLD Home](#) | [Contact Us](#)

Client Service Bureau: 1-888-203-8100

© 1997 - 2019, Universal Service Administrative Company. All Rights Reserved.